Disclosures

I write CME questions for the American Psychiatric Association’s journal *FOCUS*

QUESTION 1

1) Is violent crime on the rise in the United States?

A) Yes

B) No

C) Its About the Same
QUESTION 2

2) Is gun crime on the rise in the United States?

A) Yes

B) No

C) Its About the Same
QUESTION 3

3) Are school shootings on the rise in the United States?

A) Yes

B) No

C) It's about the same
QUESTION 4

4) On average how many individuals are shot during active shooter events?

A) 1
B) 2-3
C) 6-7
D) 8-9
E) >10
QUESTION 5

5) On average, how long does it take for police to arrive at the scene of an active shooter event?

A) 1 minute

B) 3 minutes

C) 5 minutes

D) 10 minutes

E) 15 minutes
Overall Violent Crime Offenses Over Time Are Decreasing
Definition

Active Shooter Event:

One or more persons engaged in killing or attempting to kill multiple individuals in an area occupied by multiple unrelated individuals

At least one victim must be unrelated to the shooter

The primary motive appears to be mass murder and shooting is not a by-product of an attempt to commit another crime (burglary, theft, etc.)

Gang-related shootings are excluded from this category by law enforcement as they are often targeting very specific individuals
Active Shooter Events Appear to be Increasing in Frequency
Location of Active Shooter Events: 24.4% in Educational Settings (17% Occur in Pre-K to 12 Settings, 7.5% in Institutions of Higher Education)
Types of Firearms Used

- Pistol: 59%
- Rifle: 26%
- Shotgun: 8%
- Unknown: 7%
Most Common Time to Response for Law Enforcement is 3 minutes and most common number of individuals shot is 2.
FBI’s Four-Pronged Assessment

1) Personality of the Student

2) Family Dynamics

3) School Dynamics and the Student’s Role in Those Dynamics

4) Social Dynamics
Personality Traits and Behavior

- “Leakage” of intentions
- Easily frustrated
- Signs of depression
- Narcissism
- Failed romantic relationship
- Alienation/Isolation/Estrangement
Family Dynamics

- Turbulent Parent-Child Relationship
- Acceptance of Pathological Behavior
- Access to Weapons
- Lack of Intimacy
- Difficulty Setting Limits/Boundaries
- Minimal Supervision/Monitoring
School Dynamics

• Student’s Attachment to school
• Tolerance of Disrespectful Behavior/Bullying
• Inequitable/Inconsistent Discipline
• Inflexible Culture
• “Pecking Order” Among Students
• Code of Silence/Lack of Trust
• Unsupervised Computer Access
Social Dynamics

- Media Access to Graphic Violence
- Peer Groups (Shared Interests)
- Drug/Alcohol Use
- Restricted Interests
- Copycat Effect
Multiple Levels Affected by Violence, but also Multiple Systems that can be a Part of the Solution
Change in FBI Philosophy

Large numbers of students in every community have many of the aforementioned risk factors

Degree of Risk

Risk: Static Facers vs. Continuum?
Continuum of Risk

Individual, Family, and Social Risk Factors

Exposure to Like-Minded Peers (in person or online)

Glorification of Violence

Active Preparatory Phase with Surveying of Target, Acquisition of Weapons, and possibly even Memoirs and/or Goodbye Notes

Final Narcissistic Injury Triggering Active Shooter Event and Likely Murder-Suicide
Ten Key Questions in Threat Assessment Investigations

Case Illustration

A 17 year old male in a high school is brought to the staff’s attention by other students in the school after he is seen making a threatening post on social media, suggesting that the following day would be “the apocalypse” for everyone at school.
What *motivated* the potential perpetrator to make the statements or take the action that caused him or her to come to attention?
The student is brought into the guidance counselor’s office. He states that he was motivated by “just being fed up by all the phonies in this school and wanting to give them a wake up call”
Question 2

What has the potential perpetrator communicated to anyone concerning his/her intentions (i.e. “leakage”)?
Question 3

Has the potential perpetrator \textit{shown} a perseverative interest in targeted violence, previous/current other perpetrators of targeted violence, weapons, extremist groups, or murder? If so, how?
The student reports that his favorite movies are “anything directed by Quentin Tarantino.” He also spends a lot of time in his room alone playing Call of Duty.
Has the potential perpetrator *engaged* in attack-related behavior, including any menacing, harassing, and/or stalking-type behavior?
There have been some minor reports of bullying from this student towards others, but nothing severe has been noted by school officials.
Question 5

Does the potential perpetrator have a history of mental illness involving command hallucinations, delusional ideas, feelings of persecution, etc. with indications that he/she has acted on those beliefs?
How organized is the potential perpetrator? *Is he/she capable* of developing and carrying out a plan?
Despite having poor grades, this patient is highly articulate and intelligent in his ability to explain his thinking and reasoning.
Has the potential perpetrator experienced a recent loss/or loss of status, and has this led to feelings of desperation and despair *(narcissistic injury, or “the last straw”)*?
The patient denies any recent losses or feeling of humiliation, but does site a constant progressive feeling of not belonging to any particular group and feeling like a “lone wolf”
**Corroboration**: What is the potential perpetrator saying and is it consistent with his/her own actions (again “leakage”)?
In this event, the guidance counselor does involve law enforcement who indicates it is reasonable to interview friends and parents. The student does not appear to have any close friends at school, but his parents are not aware of any planning to carry out an act of violence.
Question 9

Is there **concern** among those that know the potential perpetrator that he/she might take action based on inappropriate ideas?
Question 10

What factors in the potential perpetrator’s life and/or environment might increase/decrease the likelihood of this individual attempting to attack a target?
A great deal of time is spent talking with the student and parents about the concern that the school has regarding the patient’s current mental and emotional health. The family is strongly encouraged to enroll in individual and family counseling, and the student begins school counseling as well. The school also continues to look out for signs of “leakage.”
Continuum of Risk

1. Individual, Family, and Social Risk Factors
2. Exposure to Like-Minded Peers (in person or online)
3. Glorification of Violence
4. Active Preparatory Phase with Surveying of Target, Acquisition of Weapons, and possibly even Memoirs and/or Goodbye Notes
5. Final Narcissistic Injury Triggering Active Shooter Event and Likely Murder-Suicide